

Committee on Dental Auxiliaries

2005 Evergreen Street, Suite 1050, Sacramento, California 95815

Phone 916.263.2595 | Fax 916.263.2709 | www.comda.ca.gov



FORM RDA 500: APPLICATION FOR RDA EXAMINATION AND LICENSURE (Rev. 6/08)

NOTICE – Read the instructions carefully, then check one of the following:

First-Time Applicants

Fee \$80 – application, practical and Written exam (\$43 additional written fee will be assessed at a later date)

ALL APPLICANTS – Write in month and check which practical exam location you are applying for:

_____ ☐ San Francisco
Month ☐ Los Angeles

OFFICE USE ONLY

REC. # _____

☐ \$ 80.00 ☐ other \$ _____

FILE # _____

CYC: _____

SCH: _____ YR: _____

OJT: _____

☐ Coronal Polish ☐ X-Ray

☐ Ultra Sonic ☐ Sealants

Type or Print the following neatly - Answer ALL Questions

1. SOCIAL SECURITY # _____ - _____ - _____ BIRTHDATE _____ / _____ / _____
Month Day Year

2. LEGAL LAST NAME _____

3. LEGAL FIRST NAME _____ LEGAL MIDDLE NAME _____

4. ADDRESS _____ Apt. or Unit #: _____

5. CITY _____ STATE _____ ZIP _____

6. TELEPHONE NUMBERS: Home (_____) _____ - _____ Work (_____) _____ - _____

7. **RE-APPLICATION.** If it has been more than 2 years since you last took one of the examinations, you must re-apply as a new applicant and complete ALL portions of this 4-page Application except this Section 7 – you may not “re-apply”. If it has been less than 2 years since you last took the practical or written examination, and you are re-applying for either exam, complete this Section 7, Sections 1-6 above, and Sections 11 – 14 on pages 3 and 4.

I last took the written on : _____ or practical on: _____
Month/Year Month/Year

Name at time of previous application _____
(if not same as above) Last Name First Name Middle Name

8. **QUALIFICATION.** Check the box that indicates the method by which you are qualifying for examination:

☐ Education ☐ Work Experience ☐ Held California RDA License in past – License Number: _____

CONTINUE TO NEXT PAGE - INCOMPLETE APPLICATIONS WILL BE REJECTED

9. IF QUALIFYING BY EDUCATION, A COPY OF YOUR DIPLOMA OR CERTIFICATE MUST BE FILED WITH THIS APPLICATION. OR THE FOLLOWING MUST BE COMPLETED BY THE SCHOOL (NOT THE APPLICANT).

I HEREBY DECLARE under penalty of perjury under the laws of the State of California that

_____ graduated with a Degree, Diploma, or Certificate from
(name of applicant)

this Board-approved Dental Assisting program on the _____ day of _____ 20_____.

(If the expected date of graduation is after the date on which this Application is filed, I understand that I must certify this student's graduation to the Committee on Dental Auxiliaries no later than 30 days prior to examination.)

Stamped seal must }
appear here if copy }
of certificate/diploma }
is not submitted }

(SIGNATURE OF DEAN OR AUTHORIZED OFFICIAL) **Date of Signature**

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

10. IF QUALIFYING BY WORK EXPERIENCE, THE FOLLOWING MUST BE COMPLETED AND SIGNED BY A DENTIST LICENSED IN THE UNITED STATES BY WHOM YOU WERE EMPLOYED. If you worked for more than one employer to achieve the required 12 months of experience, each employer must complete a separate form. This page may be photocopied, but **the dentist's signature must be an original.**

NAME OF CERTIFYING LICENSED DENTIST: _____
Print or Type Name

Business Address/City/State/Zip: _____

Business Telephone: _____

DECLARATION OF CERTIFYING DENTIST

I declare that applicant _____ was employed by me as a dental assistant
(type or print name of applicant)

for _____ **HOURS PER WEEK** from _____ to _____
month/day/year month/day/year

I certify that the experience obtained by the applicant while in my employ was comprised of performing duties specified in California Dental Board Regulation Section 1085 (b) and/or (c) during a majority of the experience hours, and that the applicant, in my opinion, is competent to perform allowable California RDA functions upon successful completion of the licensure examinations and other licensure requirements.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Signature of Certifying Licensed Dentist Date of Signature State in Which Dentist is Licensed Dentist License Number

A dentist who signs this application when located outside of California must swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.

NOTARY AREA:

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS, AND PROVIDE ANY DETAILS REQUESTED, OR YOUR APPLICATION WILL BE REJECTED AND RETURNED.

11. Are you currently, or have you in the last two years, engaged in the illegal use of controlled dangerous substances? ☐ YES ☐ NO

(If the answer is "Yes", you MUST provide complete details on the next page.)

12. Have you ever been convicted of, pled guilty, or pled nolo contendere to any offense, misdemeanor or felony in any state, the United States, or a foreign country (except violation of traffic laws not related to drugs or alcohol)? Applicants must report any convictions or pleas of nolo contendere even if a subsequent order was issued which expunged or dismissed the criminal record under the provisions of section 1203.4 of the Penal Code. Applications may be denied for knowingly falsifying an application pursuant to section 480(c) of the Business and Professions Code. ☐ YES ☐ NO

(If the answer is "Yes", on the next page you MUST provide the section of law violated, the nature of the violation, the location and date of the violation, and the penalty or disposition.)

13. Have you ever applied for or been licensed to practice dental assisting, dental hygiene, dentistry, or any other health profession in any state or foreign country? ☐ YES ☐ NO

(If the answer is "Yes", you MUST complete all of the following.)

a. Type of Practice: _____ License Number: _____ State/Country: _____

- b. Was your application ever denied? ☐ YES ☐ NO
(If "Yes", you MUST give complete details on next page.)

- c. Was your license ever revoked or otherwise disciplined? ☐ YES ☐ NO
(If "Yes", you MUST give complete details on next page.)

- d. Is the license presently valid? ☐ YES ☐ NO
(If "No", you MUST give complete details on next page.)

14. EXECUTION OF APPLICATION -- ALL APPLICANTS MUST READ, SIGN AND DATE

I am the applicant for examination for licensure referred to above. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely. I hereby authorize educational and other institutions, my employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Committee on Dental Auxiliaries, Dental Board of California, any information or records requested in connection with the processing of this application.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed in _____ on the _____ of _____, 20____.
(city and state) day month year

SIGNATURE OF APPLICANT

An applicant who signs this application when located outside of California must swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.

NOTARY AREA:

15. Details

_____ (Attach a separate page if needed)

Notice on Collection of Personal Information

Collection and Use of Personal Information. The Committee on Dental Auxiliaries of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1742 and 1753, and California Code of Regulations Sections 1076 and 1077. The Committee uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The Committee cannot consider your application for licensure unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Committee that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

Contact Information. For questions about this notice or access to your records, you may contact the Committee on Dental Auxiliaries 2005 Evergreen Street, Suite 1050, Sacramento, California 95815, 916-263-2595. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Street, Sacramento, CA 95834, (866) 785-9663 or email privacy@dca.ca.gov.